coxitis from his fifth year, and received various kinds of treatment. In October, 1899, the deformity of the hip was corrected. A month later the plaster dressing was changed and the leg massaged. At this time the patient became much excited, lost his appetite, and acquired an unquenchable thirst. Examined a week later, the patient showed extreme loss of strength; the expression was that of an old man; the tongue dry, red, and fissured; the gums red. The urine had a specific gravity of 1050, and contained 6 per cent. of sugar. Notwithstanding careful dietetic treatment, the patient failed steadily and died four weeks after the shock. The author admits the possibility of a longer duration of the diabetes, with exacerbation from the fright of the dressing, and in the absence of an autopsy admits the possibility of other organic disease [*e. g.*, miliary tuberculosis].

Cancer of the Stomach, with Rapid Course.—LISSAU (*Prager medicinische Wochenschrift*, 1900, No. 25) reports the case of a man, aged twenty-eight years, who for three weeks complained of severe pain in the sacral region, paroxysmal, and increased by motion. Aside from slight elevation of temperature and tenderness to the left of the first lumbar spine, physical examination was negative. There was improvement, so that the patient was discharged, but in three days complained of the same symptoms as before, with a feeling of pressure under the right costal margin, and loss of appetite. There was slight icterus, tenderness in the right hypochondrium and to the left of the lumbar vertebræ. In the next few days the icterus increased, the stools became clay colored; restlessness and emaciation were noted. By the end of the week there was severe icterus, with bloody stools, hæmatemesis, great prostration, and frequent pulse, and in two days more death ensued. The autopsy revealed cancer of the stomach, with metastases in the liver, pancreas, and lymph-glands, and compression of the common duct. Details of the size and position of the primary growth are not given.

Embolism of the Pulmonary Artery.—This lesion is so rarely recognized at the time it occurs that a case observed by DRASCHE (*Wiener klinische Wochenschrift*, 1900, No. 23) will be of interest. The patient, a woman, aged sixty-eight years, complained for several weeks of palpitation of the heart and dyspnœa, and a week before admission had taken to bed with swelling of the legs. The heart was somewhat enlarged, the sounds pure but dull, the pulse arhythmic, tension moderate, the walls not rigid. The liver was slightly enlarged; the urine scanty, with albumin, but no casts. Both legs were swollen, the superficial veins distended and sensitive to the touch. Repeated examinations of the heart revealed nothing more. Soon after the ward visit, one morning, the patient suddenly had an attack of suffocation, with rattling in the throat, cyanosis, convulsions, spasm of the facial muscles, rolling of the eyes, and loss of consciousness. These symptoms lasted only a few minutes, and the patient was examined immediately afterward. She was not aware of the attack, was still very much cyanosed and collapsed, with cold sweat, anxious expression, slow pupil reaction, the pulse hardly palpable, arhythmic, about 150. Over the heart, on the sternum, from the second to the third interspace, was a strong, diffuse, systolic thrill. In the same area a long, rough, peculiarly eddying murmur was audible—systolic, but also prolonged into diastolic, and sometimes apparently double. Severe dyspnœa made accurate observation of this sign difficult. It suddenly disappeared, along with the thrill, and only the dull, uncertain sounds could be heard. Two hours later the patient felt better, complained only of great weakness, was cyanotic, but not dyspnœic. The heart was irregular; pulse 120, small and weak. Near midnight, fifteen hours after the first attack, another came on, and before the physician reached her the patient was dead. Autopsy showed hemorrhagic infarctions of the lungs, dark red clots in some branches of the pulmonary artery; the right ventricle slightly dilated; mitral valve thickened, but competent; the other valves normal. A thrombus, 4 cm. long and 3 cm. in circumference, filled the main pulmonary artery and obstructed the right branch. In the left branch a tangled thrombus, 1.5 cm. in circumference, completely obstructed the sub-branches. The right iliac vein was filled with a dark red clot, extending into the cava. The right iliac and femoral contained dark-red, slightly adherent clots, containing a firmer, worm-like thrombus, like that in the left pulmonary artery. According to the autopsy, the left pulmonary artery became obstructed first, the clot causing a temporary obstruction as it passed through the right venous ostium. The thrombus in the right branch was so large as to cause death immediately. Although the recognition of the true state of affairs was to a certain extent accidental, the observation is of value in a diagnostic way.

Changes in the Urine after Palpation of the Kidneys.—MENGE (*Münchener medicinische Wochenschrift*, 1900, No. 23) was struck by finding transitory albuminuria in two patients with movable kidneys, after diagnostic palpation. This led him to make careful observations of the urine before and after manipulation on twenty-one patients. Often, though not always, albumin was found in the urine, varying greatly in different cases. In six cases there was no alteration; in fifteen there was albumin up to 0.5 per mille (Esbach). In all cases the albumin disappeared within twenty-four hours, once in three-quarters of an hour. The idea that the albumin depended on a hæmaturia was confirmed in five cases, though the albumin was always more than could be explained by the blood present. In two cases there was also cubical epithelium. Examinations of the bladder with the cystoscope showed that the blood did not come from mechanical lesions of the bladder, and catheterization of the two ureters showed that the abnormal elements came only from the palpated kidney. In one case palpation of both kidneys in turn showed an increase of albumin (estimated) after the second palpation. The author concludes, though with some hesitation on account of the small number of observations, that the appearance and quantity of blood and albumin after renal palpation depend on the force and duration of the palpation, the nutrition of the patient, the tension of the abdominal wall, and the degree of nephroptosis, and also on the "sensitiveness of the palpated organ." He adds some considerations concerning renal pathology that need not be referred to, but makes two therapeutic suggestions that deserve some notice. On the ground of his observations he advises against the massage of the renal region and the use of bandages in nephroptosis. Regarding these points further observations would seem indicated.